Care Quality Commission

Kidderminster Care Limited

Cambrian House

Inspection report

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Kidderminster
Worcestershire
DY102RR
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Website:

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection was unannounced and took place on 4 March 2015. At the last inspection on 30 April 2014, we asked the provider to take action to make improvements in how care and treatment was planned, and this action has been completed.

Cambrian house is registered to provide accommodation and personal care for adults who may have a dementia related illness for a maximum of 25 people. There were 21 people living at home on the day of the inspection. There was a manager in place however they had not been registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and free from the potential risk of abuse. Staff told us about how they kept

Summary of findings

people safe. During our inspection we observed that staff were available to provide advice or guidance that reduced people's risks. People received their medicines as prescribed and at the correct time.

People and relatives told us there were enough staff to support people at the home. Staff at the home felt there were enough staff to meet the needs of people living at the home.

People told us they liked the staff and felt they knew how to look after them. Staff were provided with training which they felt reflected the needs of people who lived at the home.

Assessments of people's capacity to consent and records of decisions had not been completed in their best interests. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests. Therefore, people had decisions made on their behalf without the relevant people being consulted.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People had not always been involved in the planning of their care due to their capacity to make decisions. However, some relatives felt they were involved in their family members care and were asked for their opinions and input.

People had not always been supported to maintain their hobbies and interests or live in an environment that supported their needs. Relatives we spoke with told us they were confident to approach the manager if they were not happy with the care provided to their family member.

The provider and manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. The management team had kept their knowledge current. The management team were approachable and visible within the home which people and relatives liked. The manager agreed that a review of care plans would be needed.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and looked after by staff. People's risk had been considered and had received their medicines. People and relatives told us they felt there were enough staff on duty.

Good

Is the service effective?
The service was not effective.

People's needs and preferences were supported by trained staff.

The Mental Capacity Act (2005) code of practice was not consistently followed to ensure people were supported to make their own decisions.

People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Requires Improvement

Is the service caring?
The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good

Is the service responsive?
The service was not consistently responsive.

We saw that people were able to make some everyday choices. However, people had not been engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

There was no manager in post. The manager and provider had monitored the quality of care provided. Improvements were needed to ensure effective procedures were in place to identify areas of concern.

People, their relatives and staff were very complimentary about the overall service and felt the registered manager was approachable and listened to their views.

Requires Improvement

Cambrian House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 4 March 2015. One inspector carried out the inspection. Before the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who lived at the home and four relatives. We spoke with five staff, one cook and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three records about people's care, complaint files, falls and incidents reports and checks completed by the manager.

Good

Is the service safe?

Our findings

People we spoke to told us about how they felt safe and staff supported them where additional help was needed. For example, to get up from the chair or during personal care. One person said, "I know I am safe in here" and felt they were supported to manage risks where they could "do some things on my own". Relatives were happy that the family members were "safe and supported" within the home. Records we looked at recorded people's level of risk and the actions required by staff to reduce or manage that risk.

People were supported by staff that were able to help people who became anxious or upset and people responded positively with staff when assisting them. Staff kept people safe and spoke to them about what they could manage well. For example, one person wanted to use a walking aid but staff discussed with the person about using their wheelchair instead due to the distance involved.

Staff spoke about people's individual risks and how they supported their mobility by using "a walking frame and hoists". They also told us they were happy to "report any concerns" about potential abuse or harm to people to the manager or area manager. Staff had contact detail of external agencies available that they told us they could contact. Staff told us they referred to the care plans often and that new information would be shared at the start of each shift.

People and relatives spoke about care staff and said that they were, "Always around when needed", and were happy to use the "call bell" if they needed staff. We heard that call bells were used during the day and were answered without a long delay. Staff felt they were, "busy at times" especially if they were one care staff down due to sickness. The manager had looked at people's needs to help them with having enough staff to support their needs. They regularly reviewed this and referred to the provider when an increase in staff had been required.

Two people we spoke with told us that staff looked after their medicines for them and they felt they got their medicines at the same time every day. One person said, "I have a long list of medicines" which care staff were able to talk about with them and what they were for.

People's medicines were up to date and had been recorded when they had received them. During our observations staff offered people their medicines. People were supported with details about what the medicines were for and instruction and encouragement to take them. Where people required pain relief 'when needed' we saw that staff talked with people about their pain levels and if they wanted medicines. We spoke with staff on duty that administered medicines. They told us about people's medicines and how they ensured that people received their medicines when they needed them.

Requires Improvement

Is the service effective?

Our findings

We looked at how the Mental Capacity Act (2005) (MCA) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent.

We looked at three people's care records and saw that capacity assessments had not been completed correctly. For example, they had not related to an individual decision and considered people's overall capacity for decision making. This meant that people had not always been given the opportunity to have a capacity assessment completed for individual decisions. The manager told us they had been asked to complete these as part of the provider's process but agreed they were inadequate and had not been used to support a person to make a particular discussion. We also saw that one person had restrictions placed on them which had been requested by the family. The manger was aware that this had been done even though they felt the person may have had the capacity to make their own decision. A capacity assessment had not been completed to support the person in the decision that had been made.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Where people had their freedom restricted they had been protected by the correct procedure being followed. For example the manager told us that they had submitted two urgent DoLS applications. The manager had also contacted the local authority for advice and support about other people in the home to discuss who else may be restricted of the liberty. The manager was in the process of submitting applications for all people who lived at the home.

People told us they felt supported by staff that knew how to support them, One person said, "They seem to know what you need". We also heard staff talking with relatives about their family member's wellbeing.

Staff told us about some of the recent training they had received. They spoke about an 'end of life' and 'dementia care' course which they felt had improved their "confidence and understanding" of the people they cared for. For example, they recognised the differences in dementia related illness. New staff that had started felt supported in their role and worked with experienced staff to ensure they were suitable for the role. The provider was able to provide an overview of the training staff had received and when it required updating.

Arrangements were in place to support people to eat and drink and there was also a choice of meals available. People we spoke with told us they were happy with the food and drink provided. One person said, "I enjoy the food". We saw that each person was offered a choice of lunch during the morning and were reminded of their choice when the meal was served.

People received drinks and meals throughout the day in line with their care plans. For example, people received a diabetic diet and intolerances had been considered. Where people required a specialist diet or required their fluid intake to be monitored this information was recorded by staff. The cook also showed us they made cakes for snacks and a prepared a hot choice for the evening meal alongside a variety of cold options. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. Where people required assistance staff were considerate in offering to help people cut their food.

The manager told us they had identified there had been a notable change in people's recorded weights. Additional training had been provided for staff in the use of the scales. However, people's nutritional risk assessments had still not been completed correctly to identify any such concerns. The information in these risk assessments had also been used to direct other areas of care such as skin care. The manager and staff told us they knew who was "underweight and did not always eat well" and referrals had been made with the GP and other professionals. The manager agreed that all risk assessments needed to be reviewed. Therefore, records had not accurately reflected the care and treatment people required to maintain and support their level of risks.

People were supported to attended appointments with other professionals. One person said, "I get to see my GP often". We saw that if requested, people were supported by

Requires Improvement

Is the service effective?

staff to attend these appointments and updates provided to families. We saw two occasions were people were reminded about their hospital appointments, helped to get ready and then went with a member of staff.

Staff told us that they reported concerns about people's health to the senior on duty, who then took the appropriate action. For example, contacting the doctor for an appointment. People also got to see other professionals to help them maintain a healthy lifestyle. For example, people received regular appointments with opticians, dentists and chiropodists.

Good

Is the service caring?

Our findings

All the people we spoke with told us they liked living at the home and that it was "very good". One person said, "What I like about it here is the rooms and the people". They felt the staff supported them well and one person said, "Ladies (staff) are very good". We observed that people responded to staff by smiling, talking and laughing with them.

Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One said, "They (staff) look after [person] well". We also saw that staff spoke to family members about their relative, how they had spent their days or updates about their health.

Staff told us they also got to know people by talking with them and showing an interest in "their past". They also told they looked at care plans for additional information. One care staff said this was more relevant "when people first come" to the home. Care plans we looked at showed people's likes, dislikes, life history and their daily routine.

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. People told us they were confident to approach staff for support or requests. One person said, "You can ask for want you want, it's very good". One relative said, "Always (staff) around to discuss anything about [person] or if they need anything".

Staff were aware of people's everyday choices and were respectful when speaking with them. Staff ensured they used people's names, made sure the person knew they were engaging with them and were patient with people's communication styles. Staff were also positive and showed they understood people's needs by reducing any concerns or upset that occurred. For example, we saw staff reassure and comfort people who became upset. Care records we looked at had not reflected how people or their families had been involved in choices around their care. The manager told us they would include any discussions from now on in the monthly review notes.

All staff we spoke with told us about the care they had provided to people and their individual health needs. Three staff members told us about how they discussed people's needs when the shift changes in the staff handover to share information between the teams.

We saw that people were supported in promoting their dignity and independence. For example, staff always knocked on people's doors and waited before entering and ensured doors were closed when people wanted to spend time in bathroom. One member of staff said, "They (people) have their independence and I don't want to take that away".

Requires Improvement

Is the service responsive?

Our findings

Our observations showed that staff knew people well and had a good understanding of each person as an individual. Staff told us that people were treated as individuals and that information in people's care plans provided them with information about people's choices and individual needs. Relatives felt they had been involved in planning the care of their family member.

We saw some people were helped to be involved in things they liked to do during the day and had been provided with objects of interest that they recognised. For example, handbags and other personal items. Staff knew about people's individual hobbies and interests. However, this information had not been used to offer activities for some people would enjoy.

People had been engaged by staff in group activities like bingo and quiz picture cards which we saw people enjoyed. Due to the limited time, staff were unable to engage with all of the people at during this period. During our last inspection the provider told us they are looking to nominate staff to concentrate both group and individual activities. However, no progress had been made. The manager agreed this required further improvement.

The three care plans we looked at contained information that look at the care and support required to keep them healthy. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. Relatives told us they were aware of the care plans and the care and treatment needed of their family member. However, where care plans had been reviewed people or their family member's views had not been recorded. The manager told us they had included people in reviews and would in future record their input.

People told us they were happy to raise issues or concerns with staff or the manager. People said that staff listened to them and one person said, "I do not have anything to fuss about". Throughout our visit relatives approached staff and the manager to talk about the care and treatment of their relative. The manager welcomed feedback and made sure they were "visible" within the home. We saw that they spent time chatting with people and asking about their welfare. People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

Feedback from people and relatives had been considered on how to improve their individual care needs. For example, room changes had been considered that would suit the needs of the person. People had also been considered in the choice of how the communal areas of the home were decorated. Questionnaires were sent to people and relatives twice a year and the manager had been awaiting the results from January 2015.

Staff we spoke with told us they were happy to raise concerns on people's behalf and that "It would be acted on". They also told us they recorded "issues" in daily logs. The provider was planning to hold meetings to provide further opportunities for people and their families to talk about the home. However, people and other visitors to the home did not have access to the provider's complaints procedure or information on how to raise concerns or complaints.

Requires Improvement

Is the service well-led?

Our findings

The registered provider must ensure that an individual is registered as a manager with CQC for all locations. The provider did not have a registered manager in post at the time of the inspection. There was a manager in charge for the day to day running of the home, but they had not submitted an application to become the registered manager. The provider will need to take steps to ensure that a registered manager is appointed and submit an application to us.

People were supported by staff team that understood people's care needs. All people and family members we spoke with knew the manager and they felt they were listened to and supported. Staff were confident in the way the home was currently managed following two previous manager changes within the last six months. We were shown recent compliments that relatives had sent regarding the care and treatment that had been provided. The manager told us they welcomed direct feedback and we saw that relatives were happy to speak with manager about their family member.

The manager told us they were supported by the provider in updating their knowledge and carry out monthly checks of the home. Any gaps identified from these checks were recorded and discussed with the provider. For example, redecorating the dining rooms and lounge and considering further internal building works to improve the accessibly of one lounge. People were benefitting from a provider that took steps to make changes and improvements to the service where these had been identified.

The manager monitored how care was provided and how people's safety was protected. For example, care plans were looked at to make sure they were up to date, had sufficient information and reflected the person's current care needs. The manager had then been able to see if people had received care that met their needs and review what had worked well. However, the manager agreed that audits of care plans would need to be reviewed to identify any errors. For example, that risk assessments contain correct and up to date information.

All staff we spoke with told us that the manager was approachable and accessible. Staff felt able to tell management their views and opinions at staff meetings. One staff member said, "they were "fair and balanced" in their management approach. The manager told us that they had support from the area manager, and the staffing team.

The provider and manager monitored the incidents, accidents and falls on monthly basis. They looked to see if there were any risks or patterns to people that could be prevented. For example, referring to other professionals for advice and guidance.

The manager had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent We found that people's consent to care and treatment had not always been suitably assessed or obtained. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.